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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

# FORM D

POTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION



SEC USE ONLY					
Preflx	Serial				
DATE RECEIVED					

Name of Offering (   check if this is an amendment and name has changed, and indicate change.)	
\$450,000 LLC membership interests	
Filing Under (Check box(es) that apply):	1394338
A. BASIC IDENTIFICATION DATA	, .
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	•
678 Century City Mail LLC	•
Address of Executive Offices (Number and Street, City, State, Zip Code) 1726 N. Vermont Avenue, Los Angeles, CA 90027	Telephone Number (Including Area Code) 323-933-3735
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)  10250 Santa Monica Blvd, Los Angeles, CA 90067	Telephone Number (Including Area Code)  PROCESSED
Brief Description of Business	
frozen yogurt retail store	MAR 27 2007,
Type of Business Organization    corporation	please specify): THOMSON FINANCIAL
Month Year  Actual or Estimated Date of Incorporation or Organization: O 9 O 6 Actual Esti  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State  CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS	

#### Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

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### A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Executive Officer Manager Beneficial Owner Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) **4SUNKIDS INC.** Business or Residence Address (Number and Street, City, State, Zip Code) 1726 North Vermont Avenue, Los Angeles, CA 90027 Beneficial Owner General and/or Check Box(es) that Apply: ☐ Promoter Executive Officer Director Managing Partner Full Name (Last name first, if individual) **4SUNKIDS HOLDING LLC** Business or Residence Address (Number and Street, City, State, Zip Code) 1726 North Vermont Avenue, Los Angeles, CA 90027 Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) Pinkami, Inc. Business or Residence Address (Number and Street, City, State, Zip Code) 5224 West 2nd Street, Los Angeles, CA 90004 Check Box(cs) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or ☐ Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

|                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                      | • .                  | B, II                | NFORMAT              | ION ABOU                                | T OFFERI             | NG                     |                                       | J. Salak             | '- با بحي            |                |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|-----------------------------------------|----------------------|------------------------|---------------------------------------|----------------------|----------------------|----------------|
| 1                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                      |                      |                      |                      |                                         | Yes                  | No<br>≅a               |                                       |                      |                      |                |
| ι.                                                                           | 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  Answer also in Appendix, Column 2, if filing under ULOE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      |                      |                      |                      |                      | *************************************** | L                    | Ø                      |                                       |                      |                      |                |
| 2.                                                                           | and the second s |                      |                      |                      |                      |                      |                                         | **************       | \$                     |                                       |                      |                      |                |
| -                                                                            | 2. With 15 the minimum investment that will be accepted from any individual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |                      |                      |                      |                      |                                         |                      | Yes                    | No                                    |                      |                      |                |
| 3.                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      | permit join          |                      |                      |                      |                                         |                      |                        |                                       |                      | K                    |                |
| 4.                                                                           | 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, an commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a stat or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                      |                      |                      |                      |                                         |                      |                        | he offering.<br>with a state          |                      |                      |                |
| Ful                                                                          | l Name (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Last name            | first, if ind        | ividual)             |                      |                      |                                         |                      |                        |                                       |                      |                      |                |
| Bus                                                                          | siness or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Residence            | Address (N           | lumber and           | d Street, C          | ity, State, Z        | Cip Code)                               |                      |                        | · · · · · · · · · · · · · · · · · · · |                      |                      |                |
| Nar                                                                          | ne of As                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | sociated Br          | oker or De           | aler                 |                      |                      |                                         |                      | <del> </del>           |                                       |                      |                      |                |
| Sta                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      | Listed Has           |                      |                      |                      |                                         |                      |                        |                                       |                      |                      |                |
|                                                                              | (Check                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | "All States          | or check             | individual           | States)              |                      | *************************************** | ***************      | ·<br>••••••••          | ·····                                 |                      | ☐ Al.                | l States       |
|                                                                              | AL<br>IL<br>MT<br>RI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | IN<br>NE<br>SC       | AZ<br>IA<br>NV<br>SD | AR<br>KS<br>NH<br>TN | CA<br>KY<br>NJ<br>TX | CO<br>LA<br>NM<br>UT | ME<br>NY<br>VT                          | DE<br>MD<br>NC<br>VA | DC<br>MA<br>ND<br>WA   | FL<br>MI<br>OH<br>WV                  | GA<br>MN<br>OK<br>WI | HI<br>MS<br>OR<br>WY | MO<br>PA<br>PR |
| Ful                                                                          | l Name (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Last name            | first, if ind        | ividual)             |                      |                      |                                         |                      |                        |                                       |                      |                      |                |
| Bus                                                                          | siness or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Residence            | Address (î           | Number an            | d Street, C          | ity, State,          | Zip Code)                               |                      |                        |                                       |                      |                      |                |
| Nar                                                                          | ne of As                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | sociated Ru          | oker or De           | aler                 | <del></del>          | <del></del>          | ··                                      |                      | ····                   |                                       |                      | <del> </del>         | ···            |
|                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ,000 lates 151       |                      |                      |                      |                      |                                         |                      |                        |                                       | ì                    |                      |                |
| Sta                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      | Listed Has           |                      |                      |                      |                                         |                      |                        |                                       |                      |                      |                |
|                                                                              | (Check                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | "All States          | s" or check          | individual           | l States)            | ••••••••             | *************************************** | ••••••••••           |                        |                                       |                      | ☐ AI                 | l States       |
|                                                                              | AL<br>IL<br>MT<br>RI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | AK<br>IN<br>NE<br>SC | IA<br>NV<br>SD       | AR<br>KS<br>NH<br>TN | CA<br>KY<br>NJ<br>TX | CO<br>LA<br>NM<br>UT | ME<br>NY<br>VT                          | DE<br>MD<br>NC<br>VA | DC<br>MA<br>ND<br>WA   | MI<br>OH<br>WV                        | GA<br>MN<br>OK<br>WI | MS<br>OR<br>WY       | MO<br>PA<br>PR |
| Ful                                                                          | l Name (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Last name            | first, if ind        | ividual)             |                      |                      |                                         |                      |                        |                                       |                      |                      |                |
| Business or Residence Address (Number and Street, City, State, Zip Code)     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                      |                      |                      |                      |                                         |                      |                        |                                       |                      |                      |                |
| Name of Associated Broker or Dealer                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                      |                      |                      |                      |                                         |                      |                        |                                       |                      |                      |                |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                      |                      |                      |                      |                                         |                      |                        |                                       |                      |                      |                |
| (Check "All States" or check individual States)                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                      |                      |                      |                      |                                         |                      |                        |                                       |                      |                      |                |
|                                                                              | AL<br>IL<br>MT<br>RI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | AK<br>IN<br>NE<br>SC | AZ<br>IA<br>NV<br>SD | AR<br>KS<br>NH<br>TN | CA<br>KY<br>NJ<br>TX | CO<br>LA<br>NM<br>UT | CT<br>ME<br>NY<br>VT                    | DE<br>MD<br>NC<br>VA | DC .<br>MA<br>ND<br>WA | FL<br>MI<br>OH<br>WV                  | GA<br>MN<br>OK<br>WI | MS<br>OR<br>WY       | MO<br>PA<br>PR |

|    | Enter the aggregate offering price of securities included in this offering and the total amount alresold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, ch this box \(\sum_{\text{and}}\) and indicate in the columns below the amounts of the securities offered for exchange already exchanged.                                                                                                                                                                                                                               | eck                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Amount Already             |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
|    | Type of Security                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Offering Price                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Sold                       |
|    | Debt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>\$</b> 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | \$ 0.00                    |
|    | Equity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>s</b> 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | \$ 0.00                    |
|    | Common Preferred                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |
|    | Convertible Securities (including warrants)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | s 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _ s                        |
|    | Partnership Interests                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$ 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$ 0.00                    |
|    | Other (Specify Membership Interests )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$ 450,000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | \$ 450,000.00              |
|    | Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$ 450,000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | \$ 450,000.00              |
|    | Answer also in Appendix, Column 3, if filing under ULOE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indit the number of persons who have purchased securities and the aggregate dollar amount of the purchases on the total lines. Enter "0" if answer is "none" or "zero."                                                                                                                                                                                                           | cate<br>heir                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Aggregate                  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Number<br>Investors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Dollar Amount of Purchases |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |
|    | Accredited Investors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |
|    | Total (for filings under Rule 504 only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |
|    | Answer also in Appendix, Column 4, if filing under ULOE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <u>2</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all secur sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to first sale of securities in this offering. Classify securities by type listed in Part C — Question                                                                                                                                                                                                                                                             | o the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | •                          |
|    | The COSC in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Type of<br>Security                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Dollar Amount<br>Sold      |
|    | Type of Offering  Rule 505                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$ 0.00                    |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$ 0.00                    |
|    | Regulation A L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | LC: membership                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |
| •  | Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$ 450,000.00              |
| 4  | a. Furnish a statement of all expenses in connection with the issuance and distribution of securities in this offering. Exclude amounts relating solely to organization expenses of the insecurities in this offering. Exclude amounts relating solely to organization expenses of the insecurities in this offering. Exclude amounts relating solely to organization expenses of the insecurities in this offering is a subject to future contingencies. If the amount of an expendituation not known, furnish an estimate and check the box to the left of the estimate. | f the<br>urer.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | - Y                        |
|    | Transfer Agent's Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Z \$ 1,000.00              |
|    | Printing and Engraving Costs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Z \$ 1,000.00              |
|    | Legal Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$ 10,000.00               |
|    | Accounting Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Z \$ 5,000.00              |
|    | Engineering Foes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Ø \$ 0.00                  |
|    | Sales Commissions (specify finders' fees separately)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | and the second s | \$ 0.00                    |
|    | Other Expenses (identify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>7</b> \$ 0.00           |
|    | Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2 17,000.00                |

|                                             | C OFFERING PRICE NUM                                                                                                                                                                                           | BEROVINVESTORS EXPENSES AND USE OF P                                                                | ROGEEDS                    |                                                    |  |  |  |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------|--|--|--|
|                                             | b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."                                                                                |                                                                                                     |                            | s_433,000.00                                       |  |  |  |
| 5.                                          | Indicate below the amount of the adjusted gross preeach of the purposes shown. If the amount for ar check the box to the left of the estimate. The total o proceeds to the issuer set forth in response to Par | ny purpose is not known, furnish an estimate and fthe payments listed must equal the adjusted gross |                            |                                                    |  |  |  |
|                                             |                                                                                                                                                                                                                |                                                                                                     | Payments to                |                                                    |  |  |  |
|                                             |                                                                                                                                                                                                                |                                                                                                     | Officers,                  | Daymanta ta                                        |  |  |  |
|                                             | •                                                                                                                                                                                                              |                                                                                                     | Directors, &<br>Affiliates | Payments to Others                                 |  |  |  |
|                                             | Salaries and fees                                                                                                                                                                                              |                                                                                                     | ¬\$                        | <b>[7] \$</b> 30,000.00                            |  |  |  |
|                                             | Purchase of real estate                                                                                                                                                                                        | •                                                                                                   |                            | _                                                  |  |  |  |
|                                             | Purchase, rental or leasing and installation of ma                                                                                                                                                             | chinery                                                                                             | <del></del>                | _                                                  |  |  |  |
|                                             | and equipment                                                                                                                                                                                                  |                                                                                                     | _                          | <b>Z</b> \$ 50,000.00                              |  |  |  |
|                                             | Construction or leasing of plant buildings and fac                                                                                                                                                             | cilities                                                                                            | s                          | \$ 200,000.00                                      |  |  |  |
|                                             | Acquisition of other businesses (including the value of securities involved in this                                                                                                                            |                                                                                                     |                            |                                                    |  |  |  |
|                                             | offering that may be used in exchange for the ass issuer pursuant to a merger)                                                                                                                                 | ets or securities of another                                                                        | m s                        | S 0.00                                             |  |  |  |
|                                             | Repayment of indebtedness                                                                                                                                                                                      | •                                                                                                   |                            |                                                    |  |  |  |
|                                             | Working capital                                                                                                                                                                                                |                                                                                                     |                            |                                                    |  |  |  |
|                                             | Other (specify):                                                                                                                                                                                               |                                                                                                     |                            |                                                    |  |  |  |
|                                             | •                                                                                                                                                                                                              |                                                                                                     | •                          |                                                    |  |  |  |
|                                             |                                                                                                                                                                                                                |                                                                                                     | s                          | Z \$ 0.00                                          |  |  |  |
|                                             | Column Totals                                                                                                                                                                                                  |                                                                                                     | Z) \$ 0.00                 | <b>Z</b> \$ 433,000.00                             |  |  |  |
| Total Payments Listed (column totals added) |                                                                                                                                                                                                                |                                                                                                     |                            | 33,000.00                                          |  |  |  |
| - S                                         |                                                                                                                                                                                                                | S''D FEDERAPSIGNATIONELE (1998)                                                                     |                            |                                                    |  |  |  |
| ····                                        |                                                                                                                                                                                                                |                                                                                                     |                            |                                                    |  |  |  |
| sig                                         | issuer has duly caused this notice to be signed by the<br>nature constitutes an undertaking by the issuer to fu                                                                                                | rnish to the U.S. Securities and Exchange Commis                                                    | ssion, upon writte         | ile 505, the following<br>on request of its staff, |  |  |  |
| the                                         | information furnished by the issuer to any non-acc                                                                                                                                                             | credited investor pursuant to paragraph (b)(2) of                                                   | Rule 502.                  |                                                    |  |  |  |
| İss                                         | uer (Print or Type)                                                                                                                                                                                            |                                                                                                     | Date                       |                                                    |  |  |  |
| 67                                          | 8 Century City Mall LLC                                                                                                                                                                                        | × 11                                                                                                | × 3.2                      | . 07                                               |  |  |  |
| Na                                          | ne of Signer (Print or Type)                                                                                                                                                                                   | Title of Signer (Print or Type) 4SUNKIDS I                                                          | NC., Manager               |                                                    |  |  |  |
|                                             | rick D. Cheh                                                                                                                                                                                                   | By: Patrick D. Cheh, Executive Vice Presiden                                                        |                            |                                                    |  |  |  |

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)